## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| appropriate. All further co   | rrespondence includin<br>below or directed oth   | g the Patent, advance o  | rders and notification of i   | maintenance fees w  | zill be n                                | nailed to the current   | hould be completed where<br>correspondence address as<br>trate "FEE ADDRESS" for                          |
|---|--|--|---|---|--|---|---|
| CURRENT CORRESPONDENG 69819 7:  | Fee  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |   |   |  |   |   |
| INGRASSIA FISHER & LORENZ, P.C. (SYNA) 7010 E. Cochise Road SCOTTSDALE, AZ 85253  |  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |   |   |
|   |  |  |   |   |  |   | (Depositor's name)  |
|   |  |  |   |   |  |   | (Signature)   |
|   |  |  | <u> </u>  |   |  |   | (Date)  |
| APPLICATION NO. FILING DATE   |  | FIRST NAMED INVE   |   | 1   | ATTORNEY DOCKET NO.                      |   | CONFIRMATION NO.  |
| 09/176,639 10/20/1998   |  | RIC  | RICHARD ROBERT SCHE   |   | 028.1108                                 |   | 2112  |
| ITTLE OF INVENTION: F   |  |  | T   | T   |  |   |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE  | E FEE                                    | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional  | NO   | \$1740   | \$0   | \$0   |  | \$1740  | 01/13/2012  |
| EXAMINER  |  | ART UNIT   | CLASS-SUBCLASS  |   |  |   |   |
| KUMAR, SRILAKSHMI K   |  | 2629   | 345-173000  | _   |  |   |   |
|   | dence address (or Chai<br>(22) attached.<br>ation (or "Fee Address'<br>or more recent) attached        | nge of Correspondence  'Indication formed. Use of a Customer  A TO BE PRINTED ON   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for |   |  |   |   |
| recordation as set forth i  | n 37 CFR 3.11. Comp  | olletion of this form is NO  | T a substitute for filing an  | assignment.   | ee is ide                                | entified below, the do  | ocument has been fried for  |
| (A) NAME OF ASSIGN  | IEE  | (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |   |   |  |   |   |
| Synaptics Incorp  | porated  | Santa Clara, CA  |   |   |  |   |   |
| Please check the appropriat   | e assignee category or   | categories (will not be pr   | rinted on the patent):  | Individual 🛚 Co   | orporatio                                | on or other private gro   | oup entity 🗖 Government   |
| 4a. The following fee(s) are  Issue Fee Publication Fee (No Advance Order - # of  | small entity discount p  | <ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>□ A check is enclosed.</li> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2091 (enclose an extra copy of this form).</li> </ul> |   |   |  |   |   |
| 5. Change in Entity Status  a. Applicant claims S   | *  | · ·  | ☐ b. Applicant is no lon  |   |  |   |   |
| NOTE: The Issue Fee and I<br>interest as shown by the rec   | Publication Fee (if requeords of the United Sta  | uired) will not be accepte<br>tes Patent and Trademark   | d from anyone other than t<br>Office.   | he applicant; a regi  | stered at                                | ttorney or agent; or th   | ne assignee or other party in   |
| Authorized Signature /S. JARED PITTS/   |  |  | DateNovember 29, 2011   |   |  |   |   |
| Typed or printed name _   | S. Jared Pitts   |  |   | Registration N  | Io                                       | 38579   |   |
| This collection of informati<br>an application. Confidentia<br>submitting the completed a<br>his form and/or suggestion | on is required by 37 C<br>lity is governed by 35<br>pplication form to the<br>is for reducing this bur | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the   | on is required to obtain or<br>1.14. This collection is est<br>depending upon the individe Chief Information Office   | retain a benefit by the<br>timated to take 12 re<br>vidual case. Any co<br>er, U.S. Patent and  | he publi<br>minutes<br>mments<br>Tradema | c which is to file (and<br>to complete, includin<br>on the amount of tir<br>ark Office, U.S. Depa | by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.